

 Missouri Department of Natural Resources Administrative Policies and Procedures		
Chapter 4 Employment		
Position Description Form Procedures	Effective date	Revised
Number: 4.01-07	May 10, 2004	

The Position Description form is used to gather information for the review of existing positions and allocations of new positions. It is used to determine if the duties of a proposed or existing position are in line with the allocation criteria and scope of responsibility for the proposed or current classification.

The Position Description form may be:

- initiated by employee/management wishing to have a position reviewed;
- used to identify the proposed duties of a new or existing position; and
- completed at the end of all probationary periods to verify proper allocation.

If additional information about the form is needed you may contact the Human Resources Program at (573) 751-2518.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PERSONNEL
POSITION DESCRIPTION

OFFICE OF ADMINISTRATION DIVISION OF PERSONNEL STAFF USE ONLY			
TITLE/TITLE CATEGORY NO.	LONG DESCRIPTION	DATE	ACTION TAKEN
ITEMS TO BE FILLED IN BY AGENCY PERSONNEL OFFICE #1-5			
1. AGENCY NAME		AGENCY NUMBER / ORGANIZATION NUMBER / POSITION NUMBER	
2. TITLE NUMBER AND LONG DESCRIPTION			
3. LOCATION CODE AND COUNTY NAME		DIVISION / FACILITY NAME	UNIT/AREA OF RESPONSIBILITY
4. TYPE OF REVIEW <input type="checkbox"/> NEW POSITION <input type="checkbox"/> PROBATIONARY REVIEW <input type="checkbox"/> EXISTING POSITION <input type="checkbox"/> SPECIAL STUDY		5. DO YOU BELIEVE THIS POSITION IS CORRECTLY CLASSIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, EXPLAIN IN ITEM #33a.)	
ITEMS TO BE FILLED IN BY EMPLOYEE #6-23			
6. NAME		7. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	
8. WORKING TITLE		9a. HOW LONG HAVE YOU BEEN IN THIS POSITION?	9b. HOW LONG HAVE YOU WORKED FOR THIS AGENCY?
10. DO YOU BELIEVE YOUR PRESENT CLASSIFICATION IS CORRECT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, EXPLAIN WHAT THE APPROPRIATE CLASSIFICATION SHOULD BE AND WHY IN ITEM #22.)			
11a. HAVE YOUR PERMANENT DUTIES CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		11b. IF YES, WHEN DID YOUR PERMANENT DUTIES CHANGE? (EXPLAIN HOW DUTIES HAVE CHANGED IN ITEM #22)	
12. NAME AND TITLE OF IMMEDIATE SUPERVISOR			
13. NAMES AND TITLES OF OTHERS WHO MAY ASSIGN AND EVALUATE YOUR WORK			
14. WORK SCHEDULE: INDICATE DAYS AND HOURS YOU WORK (EXPLAIN ROTATING SHIFTS, ON-CALL DUTIES OR OTHER UNUSUAL SCHEDULES)			
15. TRAVEL REQUIREMENTS: INDICATE PURPOSE AND FREQUENCY OF TRAVEL, AND WHETHER DAY OR OVERNIGHT			
16. CONTACTS (PERSONAL, TELEPHONE, CORRESPONDENCE, ETC.): IF AN IMPORTANT PART OF YOUR WORK IS CONTACT WITH OTHERS, DESCRIBE PURPOSE AND FREQUENCY (DO NOT INCLUDE CO-WORKERS)			
17. PHYSICAL EFFORT: DESCRIBE PHYSICAL EFFORT REQUIRED (EXAMPLES: LIFTING, STANDING, WALKING)			
18. EQUIPMENT / SOFTWARE OPERATED: LIST ANY SPECIALIZED EQUIPMENT/SOFTWARE YOU USE REGULARLY IN THE PERFORMANCE OF DUTIES			

19. SUMMARIZE THE OVERALL PURPOSE AND ROLE OF THIS POSITION IN THE ORGANIZATION (DIVISION, UNIT, ETC).

20. DUTY STATEMENT:

- DESCRIBE IN DETAIL YOUR **PERMANENT** DUTIES & RESPONSIBILITIES
- LIST YOUR MOST IMPORTANT DUTIES FIRST
- USE YOUR OWN WORDS
- INDICATE PERCENTAGE OF TIME SPENT ON EACH DUTY

TIME (Percentages)	DUTIES

(Additional sheets may be attached if necessary.)

21. SUPERVISION EXERCISED (INDICATE "NONE" IF THIS ITEM DOES NOT APPLY TO YOU)

- a. TOTAL NUMBER OF EMPLOYEES THAT YOU SUPERVISE: _____
- b. PERCENTAGE OF TIME SPENT ON SUPERVISION AND RELATED DUTIES: _____
- c. IF YOU **DIRECTLY** SUPERVISE 5 OR LESS EMPLOYEES, GIVE NAMES AND TITLES.
IF YOU **DIRECTLY** SUPERVISE MORE THAN 5 EMPLOYEES, GIVE TITLES AND NUMBER OF EACH.

- d. AS A SUPERVISOR, DO YOU:
- | | | | |
|---|--|---|--|
| MAKE DAILY WORK ASSIGNMENTS? | <input type="checkbox"/> YES <input type="checkbox"/> NO | INTERVIEW AND MAKE HIRING RECOMMENDATIONS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| APPROVE AND DISAPPROVE LEAVE REQUESTS? | <input type="checkbox"/> YES <input type="checkbox"/> NO | RECOMMEND DISCIPLINARY ACTIONS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| REASSIGN JOB DUTIES ON PERMANENT BASIS? | <input type="checkbox"/> YES <input type="checkbox"/> NO | PREPARE AND CONDUCT PERFORMANCE APPRAISALS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
- e. IS THE PRIMARY EMPHASIS OF YOUR WORK THE TECHNICAL SKILL USED OR THE SUPERVISION OF OTHER EMPLOYEES?
- ☐ TECHNICAL ☐ SUPERVISORY

22. ADDITIONAL INFORMATION AND COMMENTS (ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY)

ITEM NO.

EMPLOYEE'S SIGNATURE

23.



DATE

ITEMS TO BE FILLED IN BY IMMEDIATE SUPERVISOR #24-32

24. DO YOU BELIEVE THIS POSITION IS CORRECTLY CLASSIFIED? ☐ YES ☐ NO (IF NO, PLEASE EXPLAIN)

25. ARE THE STATEMENTS OF THE EMPLOYEE ACCURATE AND COMPLETE? (INDICATE INACCURACIES AND INCOMPLETE ITEMS.)

26. IDENTIFY THE **ESSENTIAL** DUTIES AND RESPONSIBILITIES OF THE POSITION

27. SUMMARIZE THE JOB SKILLS AND ABILITIES NECESSARY TO PERFORM THE **ESSENTIAL** DUTIES OF THIS POSITION

28. DESCRIBE SPECIALIZED TRAINING NEEDED BY INCUMBENT OF POSITION

29a. LIST REQUIRED LICENSES, REGISTRATIONS OR CERTIFICATIONS

29b. LIST DESIRED LICENSES, REGISTRATIONS OR CERTIFICATIONS

30. SUPERVISION PROVIDED TO THIS POSITION:

☐ CLOSE ☐ GENERAL ☐ ADMINISTRATIVE OR POLICY DIRECTION

31. ADDITIONAL INFORMATION AND COMMENTS (ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY)

ITEM NO.

SUPERVISOR'S SIGNATURE

32.

®

DATE

ITEMS TO BE FILLED IN BY APPOINTING AUTHORITY OR DESIGNEE # 33-34

33a. PLEASE EXPLAIN WHY YOU BELIEVE THIS POSITION **IS** OR **IS NOT** CORRECTLY CLASSIFIED

33b. ADDITIONAL INFORMATION AND COMMENTS (ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY)

ITEM NO.

APPOINTING AUTHORITY'S OR DESIGNEE'S SIGNATURE

34.

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DATE